


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 08:00 A
Secretary of State

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|---|---|
| DOCUMENT # G68954 1. Entity Name CHAMCO, INC. |  |
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|---|---|
| Principal Place of Business 798 CLEARLAKE ROAD COCOA, FL 32922 US | Mailing Address 798 CLEARLAKE ROAD COCOA, FL 32922 US |
|---|---|

DO NOT WRITE IN THIS SPACE



05022007 No Chg-P CR2E034 (11/05)

| | |
|---|--|
| 4. FEI Number 59-2350042 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**BRADFORD, CARTER A.
90 EAST LIVINGSTON STREET
ORLANDO, FL 32801**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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|--|--|
| PER ANDY DUNCAN 150.00 FILE NOW!! FEE IS \$550.00 Due by September 14, 2007 NO LATE FEE | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

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|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD CUMMINS, JIM 798 CLEARLAKE RD. COCOA, FL 32922 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | STD BEELER, JUDY 3033 PEEL AVE ORLANDO, FL 32806 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D CUMMINS, JIMMIE M 262 VREELAND AVE. MIDLAND PARK, NJ 07432 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D CUMMINS, FRANCES 8080 CHRISTY DR FRISCO, TX 75034 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D JACOBS, LEONARD 407 COURTEAA CREEK DR WINTER GARDEN, FL 34737 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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IN THIS SPACE**

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05/25/07-80011-021 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **5-2-07 321-639-3314**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #